# Crook County Fair Bacon Buddies<sup>®</sup> Youth Mentor



# Join us for the Bacon Buddies<sup>®</sup> Show at the Crook County Fair!

- WHO: 4-H Members will be partnered with a Buddy with an intellectual and/or developmental disability. Teams will consist of two Mentors and one Buddy. Buddy and Mentor teams will be assigned by Bacon Buddies<sup>®</sup> committee, which includes staff from the Crook County Fairgrounds and Crook County 4-H. If there is a certain Buddy you would like to be teamed up with, please reach out to one of the contacts below.
- WHAT: Mentors and Buddies will have the opportunity to experience showing a pig during the Bacon Buddies<sup>®</sup> Swine Show at Fair. The judge will assess how the mentors, participant and pig work together as a cohesive unit. All youth mentors will receive a T-shirt, rosette ribbon, and food voucher to use at Fair.
- WHEN: Swine Show: Friday, August 11<sup>th</sup> (time TBD)
  (+ Pig Education meet-up sometime in July; date & time TBD)
- WHERE: 4-H/FFA Show Ring at the Crook County Fairgrounds

# REGISTRATION DEADLINE: May 31, 2023

#### **EXPECTATIONS:**

- 4-H youth mentor must be age 12 or older
- Actively enrolled in 4-H, preferably a swine club
- Arrive on time and dressed in appropriate show attire, including Bacon Buddies<sup>®</sup> T-shirt, long pants, and closed-toe shoes
- The Buddy will be the primary exhibitor during the swine show, and the youth mentor will help when necessary
- Be present to prepare the pigs for the swine show, stay for the entire Bacon Buddies<sup>®</sup> swine show, and then stay for group photos after the event

# QUESTIONS? Contact:

Haley, Fairgrounds Office Assistant (<u>haley.crow@co.crook.or.us</u>, 541-447-6575) Samara, 4-H Program Coordinator (<u>samara.rufener@oregonstate.edu</u>, 541-447-6228)

Please see the next pages for required registration form for youth mentors of this year's Bacon Buddies<sup>®</sup> event.

# Crook County Fair Bacon Buddies<sup>®</sup> Youth Mentor Registration Form

| Youth Mentor Name:                                                                                                                                                          |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Mailing Address:                                                                                                                                                            |  |  |  |
| Youth Mentor's Age Grade School                                                                                                                                             |  |  |  |
| Gender (circle one): Female Male                                                                                                                                            |  |  |  |
| T-shirt size (circle one): Child Size: S M L XL Adult Size: S M L XL XXL                                                                                                    |  |  |  |
| Parent/Guardian #1                                                                                                                                                          |  |  |  |
| Name: Cell Phone #:                                                                                                                                                         |  |  |  |
| Email Address:                                                                                                                                                              |  |  |  |
| Parent/Guardian #2 (if applicable)                                                                                                                                          |  |  |  |
| Name: Cell Phone #:                                                                                                                                                         |  |  |  |
| Email Address:                                                                                                                                                              |  |  |  |
| Emergency Contact Name & Phone #:                                                                                                                                           |  |  |  |
| <u>LIVESTOCK EXPERIENCE:</u><br>Do you have experience with exhibiting swine? (circle): Yes No<br>Do you have a swine project to volunteer for this event? (circle): Yes No |  |  |  |
| <u>YOUTH MENTOR VOLUNTEER AGREEMENT:</u><br>Please read carefully, then initial next to each.                                                                               |  |  |  |
| I will assist and support my Buddy to make their swine showing experience the best it can be.                                                                               |  |  |  |
| I will be respectful, kind, and courteous to all participants and volunteers.                                                                                               |  |  |  |
| I will be a friend to my Buddy and strive to help them build confidence and self-esteem.                                                                                    |  |  |  |
| (continued on next page)                                                                                                                                                    |  |  |  |

\_\_\_\_\_ I will participate in the Bacon Buddies<sup>®</sup> program until the conclusion of the event.

\_\_\_\_\_ I will wear appropriate show ring attire including my Bacon Buddies<sup>®</sup> T-shirt.

\_\_\_\_\_ I will demonstrate high morals and integrity both in and out of the show ring.

- \_\_\_\_\_ I agree to images of me to being utilized in promotional materials.
- \_\_\_\_\_ I agree to the conditions of this agreement, including requirements of my time.
- I understand that a mentor/volunteer can be dismissed at any time by the Bacon Buddies<sup>®</sup> committee.

Youth Mentor Signature

Date

\_\_\_\_\_ I agree to uphold the same standards for time, kindness, respect and inclusivity expected of my child during the Bacon Buddies<sup>®</sup> program.

| Parent/   | 'Guardian | Signature |
|-----------|-----------|-----------|
| i ai ciig | Guaraian  | Signature |

Date

Submit to:

Crook County Fairgrounds Mailing Address: PO Box 507, Prineville, 97754 Email: <u>haley.crow@co.crook.or.us</u> Fax: 541-447-3225

Please send in this registration form by May 31<sup>st</sup>.

